

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-018,456

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	13					
5	100					
6	101					
7	102					
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50						
TOTAL IND.	3					
TOTAL DEP.	4					
TOTAL CLAIMS	7					

	IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					